Sample Form (03-04)

## **AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of:	Cynthia Ann Adiano et al		
Application No.	09/733,737		
Filed:	12/08/2000		****
Title:	SECURE ELECTRONIC SOFTWARE DISTRIBUTION		
Attorney Docket No.	RAL920000041US1	Art Unit 2134	

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number	
James Boice Dillon & Yudell 8911 N. Capital of Texas Hwy, Suite 2110 Austin, TX 78759 US	44,545	

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the abovenamed practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record					
Name	John R. Pivnichny				
Signature	John Pwinghy	Date	02/24/05		
Registration Number	43,001	Telephone	607-429-4358		

This form offers a sample or suggested formal for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.